Authority

This standard has been approved by the Australian Health Workforce Ministerial Council on 31 March 2010 pursuant to the Health Practitioner Regulation National Law (2009) (the National Law) with approval taking effect from 1 July 2010.

Summary

All nurses and midwives must meet the continuing professional development (CPD) standards. This standard sets out the minimum requirements for CPD. CPD must be directly relevant to the nurse or midwife’s context of practice.

The Board reserves the right to give exemptions in individual cases.

Scope of application

This standard applies to registered and enrolled nurses, registered nurses endorsed as nurse practitioners, registered midwives, and registered midwives endorsed as midwife practitioners. It does not apply to students or nurses and midwives who have non-practising registration.

Requirements

1. Nurses on the nurses’ register will participate in at least 20 hours of continuing nursing professional development per year.

2. Midwives on the midwives’ register will participate in at least 20 hours of continuing midwifery professional development per year.

3. Registered nurses and midwives who hold scheduled medicines endorsements or endorsements as nurse or midwife practitioners under the National Law must complete at least 10 hours per year in education related to their endorsement.

4. One hour of active learning will equal one hour of CPD. It is the nurse or midwife’s responsibility to calculate how many hours of active learning have taken place. If CPD activities are relevant to both nursing and midwifery professions, those activities may be counted in each portfolio of professional development.

5. The CPD must be relevant to the nurse or midwife’s context of practice.

6. Nurses and midwives must keep written documentation of CPD that demonstrates evidence of completion of a minimum of 20 hours of CPD per year.

7. Documentation of self-directed CPD must include dates, a brief description of the outcomes, and the number of hours spent in each activity. All evidence should be verified. It must demonstrate that the nurse or midwife has:

   a) identified and prioritised their learning needs, based on an evaluation of their practice against the relevant competency or professional practice standards
   
   b) developed a learning plan based on identified learning needs
   
   c) participated in effective learning activities relevant to their learning needs
   
   d) reflected on the value of the learning activities or the effect that participation will have on their practice.

8. Participation in mandatory skills acquisition may be counted as CPD.

9. The Board’s role includes monitoring the competence of nurses and midwives; the Board will therefore conduct an annual audit of a number of nurses and midwives registered in Australia.

Definitions

Context of practice refers to the conditions that define an individual’s nursing or midwifery practice. These include the type of practice setting (e.g. healthcare agency, educational organisation, private practice); the location of the practice setting (e.g. urban, rural, remote); the characteristics of patients or clients (e.g. health status, age, learning needs); the focus of nursing and midwifery activities (e.g. health promotion, research, management); the complexity of practice; the degree to which practice is autonomous; and the resources that are available, including access to other healthcare professionals (ANMC 2009).

Continuing professional development is the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives. The CPD cycle involves reviewing practice, identifying learning needs, planning and participating in relevant learning activities, and reflecting on the value of those activities (ANMC 2009).
References


Nursing and Midwifery Board of Australia: Guidelines for Continuing Professional Development

Review

This standard will commence on 1 July 2010. The Board will review this standard at least every three years of operation.